

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-029746
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4013

FILED AUG 28 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Berwyn	
Length of stay in 1b 6 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. General Hospital		d. STREET ADDRESS (If outside, give location) 1601 South Grove Ave.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First EDWARD Middle JOSEPH Last ZAK			4. DATE OF DEATH Month 8 Day 11 Year 61			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-17-08	9. AGE (last birthday) 52	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbing Estimator		10b. KIND OF BUSINESS OR INDUSTRY John A. Calnan Co. Chicago, Illinois		11. BIRTHPLACE (City and state or country) U.S.A.		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John F. Zak		13b. MOTHER'S MAIDEN NAME Mary Brom		14. NAME OF HUSBAND OR WIFE Mildred Korous Zak
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Berwyn, Ill. Mrs. Mildred Zak: 1601 So. Grove Ave.				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Coronary Thrombosis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Heart Disease**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **4:20 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE (Degree or title) Geo. C. Kealhofer, M.D.		22b. ADDRESS 6627 Parkhurst Ave		22c. DATE SIGNED 8-12-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-12-61	23c. NAME OF CEMETERY OR CREMATORY Queen of Angels Cemetery Hillside Cook Co., Ill.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS WEILERT FUNERAL HOMES(S) K.C., MO.		25. DATE RECD. BY LOCAL REG. 8-12-61	26. REGISTRAR'S SIGNATURE Ruth Long	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
MEDICAL CERTIFICATION
Geo. C. Kealhofer, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Jack A. Moore

Licensed Embalmer No. 4727

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.